

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013963
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 51

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 23 1962

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kirksville

Length of stay in 1b
21 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Laughlin Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Iowa b. COUNTY Appanoose

c. CITY OR TOWN Moulton

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Alfred

Ross

Childs

4. DATE OF DEATH

Month

Day

Year

February 10, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7-21-1893

9. AGE (last birthday)
78

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farm

11. BIRTHPLACE (City and state or country)
Iowa

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Marquis Childs

13b. MOTHER'S MAIDEN NAME

Sarah Morrow

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Olive B. Childs, Moulton, Iowa

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular Accident

INTERVAL BETWEEN ONSET AND DEATH
2-9-62

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Widespread Metastatic Carcinoma

Unknown

DUE TO (c)

Primary Carcinoma of Prostate

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Azotemia - Urinary Obstruction- Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-20-62 to 2-10-62 and last saw him alive on 2-10-62
Death occurred at 9:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deedee or title)

22b. ADDRESS

Kirksville, Missouri

22c. DATE SIGNED

2-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
2-13-62

23c. NAME OF CEMETERY OR CREMATORY
Oakland Cemetery

23d. LOCATION (City, town, or county)
Moulton, Iowa

(State)

24. FUNERAL DIRECTOR

ADDRESS

L. Jay Johnson, Centerville, Iowa

25. DATE RECD. BY LOCAL REG.

2-10-1962

26. REGISTRAR'S SIGNATURE

Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Earl H. Laughlin, Jr., D.O.

USE BLACK INK

OR TYPEWRITER RIBBON

EARL LAUGHLIN, JR. D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Glen Eagle IOWA 2217
~~Student~~ Embalmer No.

working under my personal supervision.

Student ✓
Signature of Student Embalmer

Signed E. Jay Johnson
Licensed Embalmer No. 5134

P. O. Address Centerville, Ia.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.